REST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

L			Enectiv	ve Decem	iber 29	, 1999	1						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									LL LL LL	ENTITY	OR	OTHE	R THAN
F	OR		NUMBER FILED NUM				EXTRA	RAT		FEE	7		. ENTITY
В	ASIC FEE						1 1000	A S	345.00		RATE	FEE	
TOTAL CLAIMS 20= + //									045.00	OR	7 24 L W S 27 7 7 8	690.00	
INDEPENDENT CLAIMS 3 minus 3 = *							X\$ 9	J= 		OR	X\$18=	198	
MULTIPLE DEPENDENT CLAIM PRESENT								X39) <u> </u>		OR	X78=	
)=		OR	+260=	! ,
* If the difference in column 1 is less than zero, enter "0" in column 2									٩L		OR	TOTAL	888
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									LLF	NTITY	OR	OTHER SMALL	
AMENDMENT A		REM/	AIMS AINING TER DMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Ī	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE
Q	Total	*		Minus	**		=	X\$ 9	=		OR	X\$18=	
AM	Independent FIRST PRESE	*	N OF M	Minus	***	T 01 411	=	X39=	- 1		OR	X78=	
	THOTTHEOL	-1417/110	IN OF M	OLTIPLE DE	PENDEN	CLAIM	`	+130				+260=	
									- AL		OR	TOTAL	
		(Colu	mn 1)		(Colu	ımn 2)	(Calumn a)	ADDIT. F			OR	ADDIT. FEE	
AMENDMENT B		CL	IMS	4× 14.5× 34	HIGI	HEST	(Column 3)	l ——	_	A D.D.I	, ,		
		AF AMEN	INING TER DMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	 	8	Minus	**		=	X\$ 9=	-		OR	X\$18≈	
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	FIRST PRESE	ENTATIO	N OF MU	JLTIPLE DEI	PENDEN	T CLAIM			\dashv	·	OR	7,70=	
		,						+130=			OR	+260=	
								TOT. ADDIT. F			OR	TOTAL ADDIT, FEE	
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MENT		REMA AFT AMEND	INING ER		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
7 ⊦	Total	*		Minus	**		=	X\$ 9=		·	OR	X\$18≃	<u> </u>
	Ind pendent	*	105.0	Minus	***		=	X39=	十		ŀ	X78=	
	FIRST PRESE	NIAHON	OF MU	LTIPLE DEF	ENDENT	CLAIM		7.00-	+		OR	A/0=	
• If	the entry in colur	nn 1 is les	s than th	e entry in colur	nn 2. write	e "O" in cole	umn 3	+130=	- 1		OR	+260=	
•••" 1	the "Highest Nur the "Highest Nur he "Highest Num	nber Prev nber Prev	iously Pai iously Pa	id For" IN THIS id For" IN THIS	S SPACE IS S SPACE IS	s less than	1 20, enter "20."	ADDII. FE	ξL		OR A	TOTAL DDIT. FEE mn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:			· · · · · · · · · · · · · · · · · · ·		
•		Total Fee	Calculation	····		
	Fee Code	Total # Claims	Number Extra X	Fce	Fcc =	Total
	Sm./Lg.			Sm. Entity	Lg. Entity	2
t Basic Filing Fee	201/101	4 1		·		69
Total Claims >20	203/103	3/ -20 -	// x			. 198
Independent Claims >3	202/102	3 .1=	X			,7-7
Mult. Dep Claim Present	204/104	•				
Surcharge	205/105					130
English Translation	139					
TOTAL FEE CALCULA	ATION		·			1018
Fees due upon filing t	he application:	γ				
Total Filing Fees Due	= \$	1018				
Less Filing Fees Subm	nitted - \$					
BALANCE DUE	= \$	1018				

Office of Initial Patent Examination